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Country note**

Syrian Arab Republic

Summary

The Executive Director presents the country note for the Syrian Arab Republic for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Over the past decade, the Syrian Arab Republic has achieved considerable progress in social development. In 1997, the population was estimated at 15.3 million and the gross national product per capita was $1,120. Infant and under-five mortality rates, estimated at 34 and 42 per 1,000 live births respectively in 1990, declined to 26 and 32 by 1998. With high immunization coverage rates and no polio cases reported since 1995, the country is certified as polio-free. Primary education is compulsory, and the 1996 multiple indicator cluster survey (MICS) reported high primary school net enrolment rates (95 and 98 percent respectively for girls and boys). Yet maternal mortality rates remain higher than in some other countries of the region.

2. Progress has been uneven across the country, and geographic disparities persist. The rural north and north-east (five governorates that account for almost half the country's total population) lag in a number of social indicators. A 1996 Ministry of Health study found that under-five mortality was one third higher in rural areas than in urban areas. The 1996 MICS showed that in the north and north-east governorates, up to 19 per cent of children were underweight and 26 percent were stunted, in contrast to 13 and 21 percent nationwide. The region has fewer than one quarter of government health centres. Access to health services is about half that of other governorates, and in rural areas it is two thirds that of urban areas. The country's recent economic difficulties and drought have also had a disproportionate impact on rural groups living in these governorates.

* E/ICEF/2000/2

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

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3. Government sources show that the major causes of infant and child mortality in 1996 were premature birth, obstetric conditions, congenital malformations (often linked to consanguinity and administration of drugs during pregnancy), septicaemia, diarrhoeal disease and acute respiratory infections. Such findings highlight the need for improved maternal and child health services and better home care. Data are scarce on adolescent health issues, including HIV/AIDS.

4. The quality of health services in the Syrian Arab Republic remains a concern. A 1995 study by the Ministry of Health and World Health Organization (WHO) on the country's health centres found that the quality and range of services were very limited, more so for maternal health. Ministry data show that only 67 per cent of births are attended by trained health personnel. Challenges also remain in improving home-care practices and the early childhood environment. The 1996 MICS showed that only 17 per cent of mothers in the north treated their children's diarrhoea correctly with oral rehydration therapy. Despite the implementation of a national salt iodization programme in 1993 to combat high goitre rates in children, a 1997 survey found only 40 per cent of households consumed iodized salt.

5. Primary school drop-out rates are higher among girls in the north and north-east. In 1997, for example, drop-out rates were 53 per cent for girls and 17 per cent for boys in Al Qusra district, in the north-eastern governorate of Deir Ezzour. Other challenges facing the education system are the quality and relevance of primary schooling. Classroom teaching is geared towards learning by rote, and the curriculum is not oriented towards the knowledge and skills needed in daily life. Many primary schools lack learning materials and textbooks.

6. A 1998 national survey found that 0.3 per cent of children under 12, 7 per cent of children between the ages of 12 and 14, and 19 per cent of children between the ages of 15 and 17 were employed as workers. Children are deemed responsible for their crimes from the age of seven, and they may spend a year or more in detention, often in harsh conditions and in contact with adult criminals, before being brought to trial. To date, scant attention has been paid to addressing the underlying social factors that lead children to conflict with the law, and linkages between judicial, law enforcement and social structures are weak. Recognizing this, the Government has initiated a reform of the juvenile justice system. It has also committed itself to reviewing national legislation vis-à-vis the Convention on the Rights of the Child and to improving the monitoring of the implementation of the Convention through a "High Committee" appointed for this purpose. The United Nations Development Assistance Framework (UNDAF) process has started in the Syrian Arab Republic and a Common Country Assessment will be finalized in 1999.

Lessons learned from past cooperation

7. In the area of health, WHO and UNICEF support contributed to the certification of the Syrian Arab Republic as a polio-free country. Overall, however, not enough attention was paid to verticality and poor quality within the health services, nor to preventive and home-care aspects of child health. The adoption in 1999 by the Ministry of Health of the WHO-UNICEF-supported Integrated Management of Childhood Illness (IMCI) initiative was a step in the right direction. Some 200 awareness seminars on HIV/AIDS were held for youth and health workers.

8. In education, UNICEF advocacy led to official recognition of the problem of girl drop-outs as a priority concern. Support to the Ministry of Education in improving the quality of basic education through the Global Education Initiative (GEI) prompted the adoption of this initiative for implementation in all of the country's 12,000 primary schools over the coming 10 years. Not all experiences were positive, however: the project for vocational training of girls and women did not address the more basic problem of drop-outs and covered only a limited number of girls.

9. The High-Risk Areas (HRA) programme played a key role in improving health and social conditions in targeted rural and peri-urban communities and in influencing national development policies through its pilot activities. For example, from 1996 to 1998, immunization coverage and school enrolment rates improved in some 40 villages. The programme's school health activities prompted development of a national plan for implementing such activities in all primary schools nationwide. An initiative for encouraging girl drop-outs to resume their schooling prompted the Ministry of Education to pilot a "second chance" learning project in the northern governorates. Young women and adolescent girls have been mobilized to play the main role in establishing village health information systems, thus encouraging the Ministry to initiate such systems in selected districts to improve utilization of health services.

10. In the area of child protection, UNICEF information-based advocacy has proven successful. UNICEF-supported studies on juvenile justice, child disability, early marriage and child labour played a key role in generating policy discussion and initiating concrete action by the Government, such as the review of Syrian legislation, a national

conference on juvenile justice and training for all stakeholders to improve the administration of juvenile justice. In 1997, Dourade Lahham, a renowned Syrian artist, was designated as spokesman for Syrian children's rights. He has become a valuable advocate and in 1999 was appointed Goodwill Ambassador for the entire region.

11. Advocacy could have been more effective had the impact of UNICEF interventions been measured more systematically. Therefore, monitoring and evaluation of the programme need to be strengthened. Other weaknesses include overly ambitious planning, too many dispersed activities and verticality of interventions. With its limited resources, the programme of cooperation will need to focus on fewer interventions.

Proposed country programme strategy

12. The normative framework provided by the Convention on the Rights of the Child and the rights-based approach will guide all dimensions of the programme. Nationwide, the Syrian Arab Republic has achieved many of the goals of the World Summit for Children, and most UNICEF-supported interventions will thus focus on unreached groups, notably in the north and north-east of the country. The programme will also make selective inputs at the national level, in areas where policy changes and government action can lead to critical improvements in the situation of children and contribute to granting their rights. To this end, UNICEF will continue its support to pilot projects and action-oriented studies which, linked to advocacy, have proven successful in promoting children's rights and policy and legislative changes. Because of limited resources, the identification and choice of these interventions will be critical. A more integrated programming approach will be adopted, in recognition of the interrelation of children's and women's rights. Through intersectoral working committees and policy seminars, a broader range of partnerships and alliances will be mobilized, including with Syrian civil society, other United Nations agencies and non-governmental organizations.

13. The overall aim of the programme of cooperation will be to support national and local authorities, communities and families in fulfilling their responsibilities to children and women, as defined by the Convention on the Rights of the Child and the Declaration of the World Summit for Children. Within the framework of UNDAF, the programme will contribute to a broader national effort to reduce geographical disparities and to create the conditions necessary for Syrian children and women to reach their full potential.

14. The programme will comprise three intersectoral components. The first, *disparity reduction*, will target disadvantaged communities in the five north and north-east governorates, building on the successes of the HRA programme during the 1996-2000 period. Such a focus will help address disparities, provide pilot experiences to promote policy change and promote community empowerment. Through a combination of local capacity-building, community mobilization and targeted service delivery, the programme aims to improve access to and quality of basic social services in the target governorates, especially for women, and improve child-rearing knowledge and skills of parents and other caregivers in these communities. The "back-to-school" component of the programme will support the Ministry of Education in its efforts to address the problem of girl drop-outs in the same communities.

15. The second focus area, *support to national policies and development*, will, through capacity-building and advocacy based on the results and experiences of the disparity reduction programme, contribute to government efforts to sustain national immunization and polio eradication and achieve the remaining World Summit goals. UNICEF will thus continue to support national policies and strategies in the areas of IMCI, women's and adolescent health, HIV/AIDS, nutrition, health communication and the use of iodized salt. Through technical support to the GEI, UNICEF will assist the Ministry of Education to address the problem of high drop-out rates through improving the quality and relevance of basic education, including promotion of child-centred, interactive learning styles.

16. The third area, *promotion of children's and women's rights*, will ensure that these rights remain at the forefront of the national agenda. Through policy-oriented research, capacity-building and advocacy, it will continue support to the development and implementation of legislation, policies and programmes for children in need of special protection. UNICEF will continue to advocate ratification of the Convention on the Elimination of All Forms of Discrimination against Women. Support will be given to improving the availability and quality of disaggregated data.

17. Learning from past efforts, an integrated monitoring and evaluation plan will be developed and implemented for the new country programme, with particular attention to the setting of baselines.

Estimated programme budget

Estimated programme cooperation, 2001-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Disparity reduction	2 000	700	2 700
Support to national policies and development	1 475	450	1 925
Promotion of children's and women's rights	1 166	300	1 466
Total	4 641	1 450	6 091

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.